

FULL FACILITY PROFILE

ROCKY MOUNTAIN HOME CARE  
350 EAST 300 SOUTH #110  
BOUNTIFUL UT 84010  
STATE'S REGION CODE: 001

PROVIDER #: 467061  
PHONE NUMBER: (801) 397-4800  
PARTICIPATION DATE: 12/22/1992

TYPE ACTION: RECERTIFICATION  
TYPE FACILITY: OFFICIAL HEALTH AGENCY  
TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - PRIVA

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION  
CERTIFIED HOSPICE PROVIDER NO: NONE  
NUMBER OF SUBUNITS: NONE  
PARENT AGENCY PROVIDER NO: NONE  
NUMBER OF BRANCHES: 9

SERVICES OFFERED	STAFFING
NURSING	
REGISTERED NURSE	47.00
LICENSED PRACTICAL NURSE	3.00
PHYSICAL THERAPY	15.00
OCCUPATIONAL THERAPY	3.00
SPEECH THERAPY	1.00
MEDICAL SOCIAL WORKER	5.00
HOME HEALTH AIDE	62.00
INTERN/RESIDENT	
NUTRITIONAL GUIDANCE	.00
PHARMACEUTICAL SERVICES	.00
APPLIANCE & EQUIPMENT SERVICE	
VOCATIONAL GUIDANCE	
LABORATORY SERVICES	
OTHER	53.00

HHA PROVIDES DIRECTLY: HOME HEALTH AIDE COMPETENCY PROGRAM  
NUMBER RECORDS REVIEWED WITH HOME VISITS: 10  
NUMBER RECORDS REVIEWED WITH NO HOME VISITS: 15  
NUMBER OF HOME VISITS WITH NO RECORD REVIEW:  
TOTAL RECORDS REVIEWED: 25  
TOTAL HOME VISITS: 10

SURVEY SUMMARY: NO NEED FOR PARTIAL EXTENDED OR EXTENDED SURVEY

SURVEY DATES FROM: 06/14/2000  
DATE PROVIDER SIGNED POC: 06/28/2000  
REVISIT DATES: 09/07/2000

PROGRAM REQUIREMENTS

LEVEL OF REQT	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT					
					STATE		REGION		NATION	
					#	%	#	%	#	%

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

SURVEY DATES FROM: 06/14/2000				PROGRAM REQUIREMENTS											
DATE PROVIDER SIGNED POC: 06/28/2000															
REVISIT DATES: 09/07/2000															
				# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT											
LEVEL OF		TAG		REQUIREMENT		PLAN/DATE		STATUS OF		STATE		REGION		NATION	
REQT		#				OF CORRECTION		DEFICIENCY		#		#		#	
										#		#		#	
										%		%		%	
STD		G0114		HHA INFORMS PATIENT OF PAYMENT METHODOLOGY		09/07/2000		DEFICIENCY CORRECTED		2		4.7		170	
										13		3.7		2.4	

TYPE OF DEFICIENCY -----	TOTAL THIS FACILITY -----	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
		STATE -----	REGION -----	NATION -----
CONDITION/LEVEL A	0	0.00	0.05	00.17
STANDARD/LEVEL B	1	1.07	1.66	03.24
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0.00	0.05	00.17
HEALTH TOTAL	1	1.07	1.72	03.42

STATUS OF DEFICIENT COPS CURRENT SURVEY			
COP	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
	0	0	0

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